



CONSTRUCTION ELECTRICIAN

STATUTORY DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

To qualify to challenge certification in this trade, you must:

- Have worked a minimum of **9,000 hours** performing the tasks listed in Section E, and
- Have experience performing at least **70%** of those tasks

Holders of a military certificate in Electrical Distribution Technician MT #302 / MT #642, QL5 or higher with 6,000 documented hours of directly related experience working in the occupation will be eligible to challenge this certification.

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, your application to challenge certification will not be accepted if it is only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Construction Electrician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will not complete Employer Declaration
 Employer is no longer in business Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

E. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

Job Tasks	Declaration Response
Essential Skills <i>Includes:</i> uses effective communication skills, demonstrates quality workmanship, solves problems using applied mathematics, solves problems using applied science, uses analytical troubleshooting techniques, uses computers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Safe Work Practices <i>Includes:</i> performs lockout procedures, applies WCB standards and regulations, applies safe work practices, applies WHMIS, uses a daily safety plan.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools and Equipment <i>Includes:</i> uses hand tools, uses power tools, uses fastening systems, uses powder actuated tools, uses access equipment, uses safe rigging techniques.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form).

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Job Tasks	Declaration Response
<p>Circuit Concepts</p> <p><i>Includes:</i> uses electrical circuit concepts, analyzes DC circuits, solves problems using the principles of Electromagnetism, analyzes single-phase AC circuits, analyzes three-phase circuits, analyzes electronic circuits.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Test Equipment</p> <p><i>Includes:</i> uses analog meters, uses digital meters, uses scopes, uses power quality analyzers, performs structured cable testing and reporting.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Drawings and Manuals</p> <p><i>Includes:</i> Uses circuit drawings, uses construction drawings and specifications, uses manuals and manufacturers' instructions, plan time and materials.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>CEC Regulations and Standards</p> <p><i>Includes:</i> can describe the application of the Canadian Electrical Code (CEC), applies the CEC to installations, applies other regulations and codes.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Low Voltage Distribution Systems</p> <p><i>Includes:</i> Installs service equipment, installs grounding and bonding, installs distribution centres, installs raceways, boxes and fittings, installs conductors and cables, installs devices.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Electrical Equipment</p> <p><i>Includes:</i> Installs lighting and lighting controls, installs transformers, installs protective devices, installs DC motors and generators, installs AC motors and alternators, installs HVAC, installs emergency power systems, installs alternative power systems.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Control Circuits</p> <p><i>Includes:</i> Installs manual motor controls, installs magnetic motor controls, installs electronic motor controls, installs PLCs, installs process controls.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Signal and Communication Systems</p> <p><i>Includes:</i> Installs fire alarm and suppression systems, installs structures cabling systems, installs nurse call systems, installs building automation systems, installs sound systems, installs entertainment systems, installs CATV systems, installs security alarm systems.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>High Voltage Systems</p> <p><i>Includes:</i> applies high voltage security procedures, installs high voltage cable, installs high voltage switch gear, uses high voltage test equipment.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

Enter the applicant name (repeat on every page of this form).

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F. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification. For those trades, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

- There are no prerequisite credentials or certificates for this trade.

G. Applicant Signature

I certify that the information I have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)

Enter the applicant name (repeat on every page of this form).

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H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

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